

Statement of Organization CANDIDATE

Commonwealth of Virginia

CITY OF ALEXANDRIA

JUN 1 1 2012

☑ New Candidate

☐ Amended Statement Amended Statement Amended Statement Statement Statement Amended Statement Amended Statement Sta

*Please read instructions before completing this form.

Campaign Committee's Mailing Address			
	BROUKBANK 4 Better 50	hools	
Campaign Committee's Mailing Address	Name of Candidate Campaign Commit	itee	
	SCHOOL BOARD B	INDEPENDENT 11/06/2012	
	Office Sought District		
	3729 TEMPLETON PL		
	Street Address/PO Box	Suite #	
		/A 22304	
	BROOKBANK 4 Better So	State Zip 703/823-3288	
	Email Address	Daytime Phone #	
Candidate's Information			
Candidate Information	MR. BROUKBANK	MICHAEL	
	Mr. /Ms. Last Name	First Name	
	3729 TEMPLETON P.	IACE	
	Residence Address	Suite#	
	ALEXANDRIA V	A 22304	
	City	A 22364 State Zip County or City	
	BROOKBANK + BeHer Scho	uls @gmail. com 708/823-3288	
	Email Address	Daytime Phone #	
Treasurer Information			
MR. BROWKBANK MICHAEL			
Treasurer's Name and Address	MR. BRUKBANK Mr. /Ms. Last Name	First Name	
	-		
	3729 TEMPLETON P		
	Residence Address	Suite #	
	ALEXANDRIA VA	State Zip County or City	
	City	State Zip County or City	
	BROOKbANK 4 BeHER SU		
	Email Address	Daytime Phone #	
Campaign Depository			
WELLS FARGO 3624 KING STREET ALEXANDRIA, VA 22302			
Primary Financial Institution and Address		Secondary Financial Institution and Address (if applicable)	



Statement of Organization CANDIDATE

Signatures			
Candidate's Signature	I affirm that, to the best of my knowledge, all of the information on this form is complete and truthful. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the Code of Virginia). I also understand that my Treasurer and I must truthfully report, in a timely manner, all monies and things of value which this campaign committee receives or expends. Civil penalties shall be assessed for late or un-filed reports in the manner required by the Code of Virginia. I further understand that if I do not appoint a treasurer, or if at any time the treasurer's position is vacant, that I, as the candidate, will assume and accept all of the Treasurer's duties until the position is filled. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of \$24.2-1016 which is panishable by a Class 5 felony. Candidate's Signature Line 11, 2012 Date Date		
Treasurer's Signature	I accept the appointment of Treasurer of this campaign committee. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the Code of Virginia). I understand that I must truthfully report all monies and things of value which this campaign committee receives or expends in a timely manner. Civil penalties will be assessed in the manner required by the Code of Virginia for late or non-filed reports. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.		
Filing Method			
Electronic Filing Agreement	□ Electronic Filer - I, as treasurer of this campaign committee, intend to file all required campaign financial disclosure reports to the State Board of Elections by electronic means. I agree that if at anytime the campaign committee does not intend to file electronically, that I will submit an amended Statement of Organization stating such. □ I intend to electronically file using Virginia's VAFiling Program. □ I intend to use an SBE Approved Vendor (Please Enter Name of Vendor)		
	Signature Date		
	Paper Filer - I, as treasurer of this campaign committee, intend to file all required campaign financial disclosure reports on paper. I agree that if at any time the campaign committee does not intend to file on paper, that I must submit an amended Statement of Organization stating such. Signature Date Date		